PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

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no persons are required to respond to a collection of information unless it displays a valid OMB control number Fees pursuant to the Consolidate of Complete if Known opriations Act, 2005 (H.R. 4818). Application Number 10/608,286 FEE TRANSMITTAL Filing Date June 27, 2003 For FY 2006 First Named Inventor Abbas Ali et al. **Examiner Name** Lan Vinh Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1765 TOTAL AMOUNT OF PAYMENT 200.00 Attorney Docket No. TI-31505A METHOD OF PAYMENT (check all that apply) Other (please identify): Deposit Account Check Credit Card None Money Order Deposit Account Name: Texas Instruments Incorporated ✓ Deposit Account Deposit Account Number:\_\_\_ 20-0668 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) √ | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 200 130 100 100 65 Design 50 Plant 200 100 300 150 160 80 600 Reissue 300 150 500 250 300 Provisional 200 100 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) <u>Fee (\$)</u> Fee Description 25 50 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Total Claims** Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) 20 \_ - 20 or HP = 50.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee (\$) Fee Paid (\$) Indep. Claims 200.00 200.00 1 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets **Total Sheets** (round **up** to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. Telephone (216) 502-0600 36,981

SUBMITTED BY

Signature

Registration No. (Attorney/Agent) 36,981

Telephone (216) 502-0600

Date 3/8/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## TI-31505A

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re **PATENT** application of:

Applicant:

Abbas Ali et al.

Application No.:

10/608,286

For:

PROCESS FOR FORMING A DUAL DAMASCENE STRUCTURE

Filing Date:

June 27, 2003

Examiner:

Lan Vinh

Art Unit:

1765

## **RESPONSE TO THE OFFICE ACTION DATED NOVEMBER 9, 2005**

Mail Stop Amendment Assistant Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Favorable reconsideration of the above-identified application is respectfully requested in view of the following amendments and remarks.